

H

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 3461	Grievance Date : 05/14/2004	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 05/14/2004	Incident Time : 00:00
C : Merson, Lise M	Housing Location : Bldg C, Tier B, Cell R2, Top	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: I have been having problems with my feet for quite a while now. I can barely walk. The medical staff does not seem to have any answers or concern. I would like to be sent to an outside doctor. Would you please make this an emergency. thank you.

Remedy Requested :

INDIVIDUALS INVOLVED

Type	SBI #	Name
------	-------	------

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 05/20/2004
Investigation Sent : 05/20/2004	Investigation Sent To : Hastings, Terry L
Grievance Amount :	

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 3461	Grievance Date : 05/14/2004	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 05/14/2004	Incident Time : 00:00
Officer : Merson, Lise M	Housing Location : Bldg C, Tier B, Cell R2, Top	

INFORMAL RESOLUTION

Investigator Name : Hastings, Terry L

Date of Report 05/20/2004

Investigation Report :

Reason for Referring:

Seen by Dr. Alie 5/26/04 *

Has been approved for orthop. shoes. Waiting for specialist to come on site to fit in inmate.

Being moved to F-Block for short term until shoes arrive.

Level II hearing to be scheduled.

Offender's Signature:

Julian Miller

Date

*

7/16/04

Witness (Officer) :

Terry Hastings R

I

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

JULIAN MILLER

C BLOC BR2

Name (Print)

Housing Location

4-12-61

398626

5-17-04

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)?

Supposed to start medication as of 5-4-04 for postherpetic NEURALGIA BUT HAVEN'T STARTED IT YET. My feet still in pain and swelling.

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: _____

Pulse: _____

Resp: _____

B/P: _____

WT: _____

A:

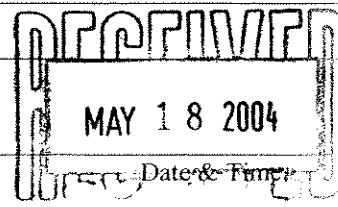
Referred to Pharmacy

[Signature]

P:

E:

Provider Signature & Title



J

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

JULIAN MILLER

C BLDG B22

Name (Print)

Housing Location

4-12-61

393626

6-1-04

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)?

2 PROBLEMS. 1. CAN'T SLEEP AT NIGHT FOR MORE THAN 2 HOURS AT A TIME FOR THE PAIN AND THROBBING IN MY FEET. 2. I HAVE DEVELOPED TWO LUMPS IN MY CHEST.

Julian Miller

6-1-04

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: _____

Pulse: _____

Resp: _____

B/P: _____

WT: _____

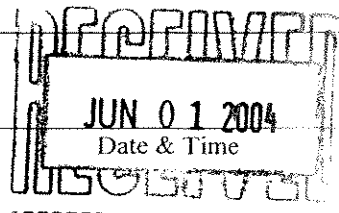
A:

scheduled to see Medical

P:

E:

Provider Signature & Title



K

6-14-04

THOMAS CHARDL - WARDEN
1. JULIAN MILLER 393626
Medical Complaint

2. WARDEN,
I wrote you a detailed letter about my serious
health problem with my arches of my feet
and the inadequate care that the medical
aff. (and in particular Dr. Alie) has provided
me since January when it happened.
Haven't got a response and it's been over
month and 1/2. I was waiting to see if any
thing is going to be done on this level
before moving to the next level. Your con-
sideration will be appreciated. Thank you.

L

TO: COMMISSIONER
FROM: JULIAN MILLER 393626
RE: Medical Complaint

6-14-04

MR. COMMISSIONER,

I wrote you a detailed letter concerning my condition with my health and the inadequate care that the medical staff (and in particular Dr. Alie and Nurse Ihoma) has provided for me since January when it happened. It's been over 7 months and 1/2 now, and I've gotten no response. I was waiting to see if anything will be done on this level before taking it to the next level. A copy has been made of this

M

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Julian Miller ✓

D F-22

Name (Print)
4-12-61
Date of Birth

393626
SBI Number

Housing Location
7-6-04
Date Submitted

Complaint (What type of problem are you having)?

My FEET ARE
pounding with PAIN so that I CAN'T
SLEEP AT NIGHT. They ALSO SWELL bad
during the day.

Julian Mills
Inmate Signature

7-6-04
Date

The below area is for medical use only. Please do not write any further.

S:

O:

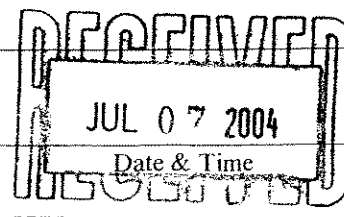
Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: Scheduled to see Medical. Check daily lists P-form

P:

E:

Provider Signature & Title



N

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Julian Miller ✓

Name (Print)

4-12-61

Date of Birth

393626

SBI Number

DBLOG F-22

Housing Location

8-8-04

Date Submitted

Complaint (What type of problem are you having)?

I would like to
 be examined by a foot specialist. I'm
 getting sharp pains in my feet
 at different times throughout the
 day and night.
Julian Miller

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: _____

Pulse: _____

Resp: _____

B/P: _____

WT: _____

A:

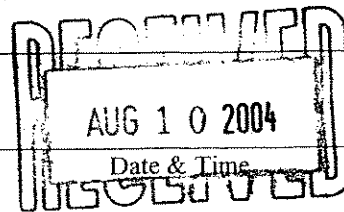
Scheduled to see Medical

J. Gray

P:

E:

Provider Signature & Title



O

FORM #585

MEDICAL GRIEVANCE

FACILITY: DCC Smyrna
 INMATE'S NAME: JULIAN MILLER
 HOUSING UNIT: D-EAST F-22

DATE SUBMITTED: 9-6-04
 SBI#: 393626
 CASE #: _____

////////////////////////////////////
SECTION #1

DATE & TIME OF MEDICAL INCIDENT: _____

TYPE OF MEDICAL PROBLEM:

My arches in my feet began falling in JAN. 2004. This is Sept 6th 2004, and my feet hasn't even been examined as of yet, although I've made continuous and ongoing complaints about the pain and progression of this ailment. I've also requested to be seen by a foot specialist or to be sent to an outside doctor on at least 3 occasions that I have record of. I have begun to lose feeling in my toes at certain times plus I haven't been able to sleep, exercise or walk properly since JAN. 2004. This ignoring of my situation demonstrates "deliberate indifference" and makes a "serious" situation "very serious"...

GRIEVANT'S SIGNATURE: Julian Miller DATE: 9-6-04

ACTION REQUESTED BY GRIEVANT: That some size 13 sneakers be ordered to replace these boots that I currently have because they aggravate my feet and I'd like to be examined by a foot specialist as I've requested before to determine what else is necessary...

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

MEDICAL GRIEVANCE FORM #585

Page two

SECTION #2

IF GRIEVANT DOES NOT AGREE TO THE DECISION OF THE MEDICAL GRIEVANCE COMMITTEE THEY MUST RESPOND , IN WRITTING , WITHIN TWO DAYS OF THE RECIPT OF THE DECISION. SPACE FOR AN APPEAL HAS BEEN PROVIDED ON THIS FORM IN SECTION #3.

RESPONSE BY M.G.C.: _____

DATE RECIEVED BY GRIEVVANT: _____ GRIEVANT SIGNATURE: _____

DOES GRIEVANT ACCEPT M.G.C. DECISION? _____(YES) _____(NO)

SECTION #3

IF YOU WISH TO APPEAL PLEASE USE THE SPACE PROVIDED BELOW:TO EXPLAIN WHY:

GRIEVANT'S SIGNATURE: _____ DATE: _____

ORIGINAL: INSTITUTION FILE

COPY: GRIEVANT

P

TO: THOMAS CARROLL - WARDEN

9-7-04

FROM: JULIAN MILLER

RE: INADEQUATE MEDICAL TREATMENT
CONSTITUTIONAL RIGHTS VIOLATION

THIRD NOTICE

MR. WARDEN,

Respectfully I'm writing you for the third and final time before I'm forced to take this issue before the U.S. District Court for relief from this cruel and unusual punishment guaranteed by the Eighth Amendment to the U.S. Constitution. I want to make SURE that it is "perfectly clear" what's going on here. My situation is this: My arches in my feet fell in JAN 2004. This is Sept 8th 2004, and my feet haven't even been visually examined as of yet, despite the fact that I've made constant and ongoing complaints about the pain and swelling. I have also detailed the progression of my situation and requested to be seen by a specialist or to be sent to an outside doctor on 3 occasions. I have records of these requests. And Thomas made it very clear that their "money saving" policy is that they do not issue sneakers or corrective shoes anymore. Dr. Alie told me (without examining my feet) that I did not qualify for medically purchased shoes and then put it in writing. I haven't been able to exercise, sleep or walk properly since JAN and their ignoring of my complaints of pain and lack of treatment demonstrates "deliberate indifference" and has caused a very serious situation. I've begun to lose feeling in my toes from time to time along with the pain and swelling.

You have the power and legal duty to intervene in this matter - for I have gone far too long and I've been very patient for nothing to have been done. This could have been avoided by ordering me a \$40.00 pair of sneakers with supports or even a \$200.00 pair of orthopedic shoes. Now I may have to have surgery and there's also the issue of liability. I would appreciate you act in this matter. This is a copy of the original in case I don't receive a response once again.

Thank you for your time
Respectfully

Julian Miller
393626